## GREATER MILWAUKEE FIGURE SKATING CLUB "SKATE WITH US"

## BASIC SKILLS GROUP LESSON PROGRAM

RINK FACILITY: Eble Ice Arena, 19400 W. Bluemound Rd., Brookfield, WI. 53045 CLASS DAY AND TIME: Classes are held on Wednesday evenings 5:45P – 6:30P

**REGISTRATION FEE:** \$105.00 for seven weeks. If registered for two or more seven week series, each

session will be \$95.00. (Family discount: 3<sup>rd</sup> participant/\$20.00) **TO ENROLL:** Please make check payable to "**SKATE WITH US**"

Complete the section below and mail the **ENTIRE** form to:

## **SKATE WITH US PROGRAM**

C/O Dawn Dahlman-Schwab PO Box 20881 Greenfield, WI. 53220-0881 (414)235-3153

		(111)=00 0100			
FIRST NAME	LAST NA	ME	PHONE ()		
ADDRESS				APT #	
CITY		STATE		ZIP CODE	
BIRTHDATE/_	/AGEMA	ALEFEMA	ALEUSF	S #	
How did you hear ab	out the GMFSC "Skate W	ith Us" Program?			
I would like to enroll	in the following seven we	eek series			
As parent, guardian or ad all lessons are given as a injury/illness requiring ho requests for refunds must	JulySeptemOctobe BLE ICE ARENA will be Registration Fee: ult skater (18 years or older), I group (not private) and all enrospitalization, or cancellation of	Sessions @ \$assume and discharge ollment fees are non-15 classes by the Greate	13, 2011 t 31, 2011 bber 19, 2011 mber 7, 2011  10, 2011 thru May ea. = \$ all financial obligation refundable. Refunds are Milwaukee F.S.C. du	ns of enrollment and acknowledge given only in the event of an	
	Signature of I	Parent/Guardian o	r Adult Skater		
CLASS LEVE	(For C EL: SNOWPLOW SAM	GMFSC Office use BASIC		HOCKEY	
DATE REC	'D:/R	E-ENROLLMEN	T NEW ENI	ROLLMENT	
REGIST	RATION FEE: \$	PAID BY: CA	SH CHECK	CK#	